

# State Committee of Psychologists

Volume 13, Issue 1 September 2003

#### Governor

The Honorable Bob Holden

Department of Economic Development Joseph L. Driskill, Director

**Division of Professional Registration**Marilyn Taylor Williams, Director

State Committee of Psychologists Christopher Maglio, Ph.D., Chair Kirksville, Missouri

Brick Johnstone, Ph.D., Secretary Columbia, Missouri

Laurel Kramer, Ph.D., Member Jefferson City, Missouri

Rochelle Harris, Ph.D., Member Chair of Discipline Sub-Committee Kansas City, Missouri

E. Thomas Copeland, Ph.D., Member Chair of Credentials Sub-Committee Kansas City, Missouri

Glenn E. Good, Ph.D., Member Columbia, Missouri

Vetta Sanders-Thompson, Ph.D., Member St. Louis, Missouri

Willa McCullough, Public Member Festus, Missouri

Pamela Groose, Executive Director

3605 Missouri Boulevard, PO Box 1335 Jefferson City, Missouri 65102 (573) 751-0099 (573) 526-3489 Fax (800) 735-2966 TTY

URL: www.ecodev.state.mo.us./pr/psych Scop@mail.state.mo.us



This is an official publication of the Division of Professional Registration. Submit articles to: SCOP, P.O. Box 1335, Jefferson City, MO 65102.

## **Comments from the Chair**

Greetings fellow Missouri psychologists! Since the last newsletter SCOP has continued our efforts to offer quality continuing education to Missouri psychologists. Dr. Eric Harris of the APA Insurance Trust presented on "Legal and Ethical Risk Management in Professional Psychology Practice-Sequence II: Risk Management in Specific High Risk Areas in St. Louis, Kansas City, and Columbia. At each presentation many of you shared opinions and comments with both SCOP members and our staff. Overall, the comments were highly positive. Based on the overwhelmingly positive feedback, SCOP will continue to pursue such education opportunities in the future.



Christopher Maglio, Ph.D.
Chair

As was noted in earlier newsletters, state statute requires all licensed psychologists to accumulate and maintain evidence of 40 hours of continuing education every two years. In addition, psychologists must attest to completion of the continuing education requirements with each licensure renewal.

When you do not receive the annual renewal for your psychology license, do not panic! SCOP is currently in the second year of the new two year licensure renewal. License renewals will be sent out and due again in 2004.

In spite of the current unstable budget situation in Missouri, SCOP continues to exam various ways of lowering fees for licensees. Although various plans have been discussed and presented, the unstable budget situation has resulted in further assessments and projections. SCOP will continue to work toward making psychology licensure as affordable as possible.

Throughout the time since the last newsletter SCOP members have represented Missouri psychologists at various professional meetings. Meetings attended have included the Council for Licensure Enforcement and Regulation, the Federation of Associations of Regulatory Boards, and the Association of State and Provincial Psychology Boards. SCOP members will be attending and holding a question and answer session at the upcoming meeting of the Missouri Psychological Association in St. Louis.

I am honored to have been appointed to SCOP and to serve as the current chairperson. Please do not hesitate to direct your questions and/or comments to SCOP at (573) 751-0099.

## **Know Your Board Members**



E. Thomas Copeland, Jr., Ph.D. Kansas City, MO Appointed: June 11, 1999 Term Expires: August 21, 2003

Dr. Copeland is a clinical psychologist in private practice in Dr. Copeland Kansas City. earned his doctorate Developmental Child & Psychology from the University of Kansas, Lawrence, KS.



Laurel Kramer, Ph.D. Jefferson City, MO Appointed: March 15, 2000 Reappointed: November 30, 2001 Term Expires: August 28, 2006

Dr. Kramer is a staff psychologist at St. Mary's Health Center in Jefferson City. Dr. Kramer received her doctoral degree in 1994 from the University of Missouri-Columbia. Dr. Kramer founded the Mid-Missouri area Empower Young Women conferences based on model from the St. Louis area.



Glenn E. Good, Ph.D. Columbia, MO Appointed: September 26, 1997 Reappointed: February 9, 2000 Term Expires: August 28, 2004

Dr. Good is an Associate in the Department of Educational, School and Counseling Psychology at the University of Missouri-Columbia. He earned his doctorate in Counseling Psychology from Ohio State University in 1987.



Christopher J. Maglio, Ph.D. Kirksville, MO Appointed: January 12, 1999 Reappointed: January 23, 2003 Term Expires: August 29, 2007

Dr. Maglio is Associate Professor of Counseling and Director of the

CACREP accredited Counselor

Preparation Programs at Truman

State University in Kirksville. Dr.

Maglio received his Ph.D. in Counseling Psychology from

Arizona State University.



Rochelle L. Harris, Ph.D. Kansas City, MO Appointed: July 3, 1997 Reappointed: November 20,2001 Term Expires: August 28, 2006

Dr. Harris is a Clinical Psychologist at Children's Mercy Hospital, Developmental and Behaviorial Sciences. Dr. Harris earned her doctorate in Clinical Psychology from the University of Kansas, Lawrence, KS.



Willa McCullough, M.A. Festus, MO - Public Member Appointed: January 11, 2000 Reappointed: March 21, 2003 Term Expires: August 28, 2006



Ms. McCullough was a Business Education Teacher for the Festus R-6 Schools for 41 years retiring in 1994. Ms. McCullough also taught evening classes at Jefferson College in Hillsboro. McCullough received her Masters in Education from Boston University, Boston, MA.



Brick Johnstone, Ph.D. Columbia, MO Appointed: February 1, 2000 Term Expires: August 28, 2003

Dr. Johnstone is Professor and Chairman of the Department of Health Psychology at the University of Missouri Hospital and Clinics in Columbia. Dr. Johnstone earned his doctorate in Child Clincial Psychology from the University of Georgia, Athens, GA.



Vetta Sanders Thompson, Ph.D. St. Louis, MO Appointed: October 23, 1997 Term Expires: August 28, 2002

Dr. Thompson is an Associate Professor of Psychology at the University of Missouri-St. Louis. Dr. Thompson obtained her Bachelor of Arts in Psychology and Social Relations from Harvard University, a Master of Arts and Doctor of Psychology from Duke University, where she

also completed the clinical training program.

## **Message from Division Director**



It is no secret that the State is in a financial crisis. Governor Holden has worked diligently to see that essential state services are funded for children and our most vulnerable citizens. good news, however, is that the Governor's budget included a pay increase of \$600 for all state workers making \$40,000 or less. This increase will be effective July 1. In addition, the Division of Professional Registration is fortunate to be funded through professional licensing fees that are deposited into dedicated funds. The Division, therefore, does not have to rely on general revenue funds for its operation. Our budget was approved as submitted in House Bill 7.

House Bill 600, which was signed into law with an emergency clause making this legislation effective July 1, 2003, affects all licensees within the Division of Professional Registration.

Effective July 1, 2003, all persons and business entities applying for or renewing a professional license with the Division of Professional Registration are required to have paid all Missouri income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If licensees have failed to pay their taxes or have failed to file their tax returns, their licenses will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law on July 1st by the Governor. My Administrative Staff and the Division's Management Information System staff are working with the Department of Revenue and the Attorney General's Office to establish the necessary procedures for implementing this bill.

Finally, my Administrative Staff along with the Division's Management Information System staff have been working toward making online renewal a reality. We have just awarded the credit card contract and are hoping to start pilot boards renewing online this fall.

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Yours truly,

Marilyn Taylor Williams

**Division Director** 

# **Message from Executive Director**



RENEWALS: The first biennal renewal has been completed. You will receive your next renewal application in October, 2003 to renew for February 1, 2004 through January 31, 2006. The first continuing education reporting period ended on November 30, 2001 so you are now in the reporting period of December 1,

2001 through November 30, 2003. Please remember all 40 continuing education credits must be completed between those dates. If you have not completed your required continuing education hours, your license will not be renewed causing you to be unable to continue to practice after midnight January 31, 2004. If you have any questions regarding your continuing education hours please do not hesitate to contact our office.

CONTINUING FOUCATION REPORTING FORM: We have included in this Newsletter on page 7 an example of a continuing education reporting form. This form is not required it is only supplied for your use, if you wish, in order to keep a tally of your continuing education as it is obtained. Please remember that even if you use this form or another form, you must still keep copies of the attendance certificates.

PSYCHOLOGY PROGRAMS: I would be happy to come to your program and talk with the students prior to the end of their doctoral program regarding procedures to obtain provisional and full licensure. Please call me at 573/751-0099 to set up a date and time.

# Licensee Update from Vetta Sanders Thompson, Ph.D., Member



The State Committee finds it helpful to, from time to time, address issues and concerns raised by licensees in the Newsletter. This provides an opportunity for general education and encourages dialogue. Several such issues will be addressed in this column.

Renewals. Licensees have expressed concerns over the renewal fee and the time limit for renewal. As you have now realized, there was no fee increase. Licenses are now renewed every two years, hence the fee during this renewal period of \$300.00. Please be assured that the Committee makes every effort to inform licensees of fee changes and increases in advance.

Licenses are to be renewed by January 31st of the renewal year. Practice after January 31st of the renewal year is prohibited unless a license has been renewed. If the license is renewed by the last day of February, there is no financial penalty but practice is not permitted. If an insurance company calls to verify a license during this period of time, your license is reported as expired. Claims generated during this period may be affected. Complaints generated during this time are considered unlicensed practice.

<u>CE Workshops.</u> There were several concerns related to the CE workshops sponsored by SCOP. These concerns provide us with the opportunity to help licensees understand the state regulations we must comply with. State regulations do not permit the Committee to pay for lunch using state funds. We would have to charge a fee for the workshops to provide these amenities. In addition, the location of the workshops is determined by multiple factors. Hotel availability and hotel ability

to accommodate the workshop are relevant factors. In addition, bids must be obtained and the lowest bid, meeting specifications, is accepted. SCOP staff are sensitive to and work very hard to plan events that consider the comfort, travel time, and costs to licensees, while adhering to state guidelines.

SCOP acknowledges that notification for the March, 2002 CE workshops went out late. The factors that resulted in the delay of notification were beyond our control. The Committee and staff will work diligently to assure more timely notification in the future.

Supervision Requirements. It is important that individuals who consider providing post doctoral supervision review the requirements as outlined in 337.025 RSMo and 4 CSR 235- 2.040. While not exhaustive of issues to be considered, the issues noted below are often of concern. The primary supervisor must be a licensed psychologist, on site a minimum of 15 hours per week. The primary supervisor may delegate responsibility for supervision to one or more qualified psychologists. The supervisor is responsible for implementation of the supervision plan, including treatment, record keeping, and completion of didactic requirements. All documentation must be reviewed and cosigned, including individual and group therapy notes, assessments, intakes, treatment plans, and termination summaries. Individual face to face supervision is required for a minimum of one hour per week. The supervisor and supervisee should not be related, nor should there be financial obligations, such as partnerships, rental agreements, or payment for supervision.

We hope that you find this and future updates helpful.



Report of Activities of the Credentials Sub-Committee						
Date	Prior Review of Education and Supervision	Provisional	Examination	Reciprocity	Miscellaneous	
September 2001	2	10	17	3		
December 2001	2	19	10	4		
March 2002		8	7	2	3	
June 2002	2	17	11			
September 2002		11	10	5	2	
December 2002		8	12	3	1	
March 2003		5	5	4	1	

44 Original HSP Certificates have been issued between May 1, 2001 and March 15, 2003.

EPPP: Licensing Examination Data												
Exam Date Number tested Number passed Number failed	10/01 3 2 1	11/01 8 8 0	12/02 4 1 3	2/02 1 1 0	3/02 3 3 0	4/02 8 7 1	5/02 2 2 0	6/02 7 4 3	7/02 11 9 2	8/02 3 3 0	9/02 2 1 1	10/02 8 6 2
Exam Date Number tested Number passed Number failed			11/02 6 5 1	12/02 2 1 1	1/03 3 2 1	2/03 1 1 0	3/03 2 2 0					

Complaint Statistics								
July 1 - June 30	FY97 96-97	FY98 97-98		FY00 99-00		FY02 01-02		
Complaints	14	39	31	10	37	35	25	
Disciplined	5	5	5	0	5	1	2	

## **Disciplined Licensees**

47 Disciplined licensees Years 1986 through 2001 First person licensed in 1978

- 1. Sexual Misconduct = 16
- 2. Conviction of Crimes = 2
- 3. Fraudulent Acts = 6
- 4. Improper or Inadequate Record Keeping = 1
- 5. Breach of Confidentiality = 3
- 6. Inadequate or Improper Supervision = 2

- 7. Inappropriate Dual Relationship = 9
- 8. Scope of Practice = 1
- 9. Impairment = 2
- 10. Non-compliance with licensure laws = 2
- 11. Fraud in the Application for Licensure = 2
- 12. Negligence and/or Violation of the Standards of Care = 1



## **Licensure Numbers**

FY01 (07/01/00 to 06/30/01)	Number licensed	49
FY02 (07/01/01 to 06/30/02)	Number licensed	42
FY03 (07/01/02 to 03/30/03)	Number licensed	46

## Renewal period

02/01/00 to 01/31/01	Number who did not renew	68
02/01/01 to 01/31/02	Number who did not renew	68
03/01/02 to 01/31/04	Number who did not renew	144

## **Upcoming 2003 Dates to Remember**

Meeting Dates Location

September 26, 2003 Embassy Suites - Plaza, Kansas City December 12, 2003 Embassy Suites - Downtown, St Louis

All open sessions of the State Committee of Psychologists' meetings are open to the public. The members invite and encourage you to attend. Faculty members, please advise students and supervisees about the meetings and encourage their attendance during open sessions. This is a great opportunity to meet the members and ask questions. Your thoughts/questions/concerns are welcomed. If you have an issue you would like to discuss with the committee members at a meeting, please contact our office either by telephone or in writing at least two (2) weeks prior to the scheduled meeting date.

Jurisprudence Exam Dates Location

September 27, 2003 Embassy Suites - Plaza, Kansas City

October 8, 2003 Division of Professional Registration, Jefferson City November 12, 2003 Division of Professional Registration, Jefferson City

December 13, 2003 Embassy Suites - Downtown, St Louis

Oral Examination Dates Location

September 26, 2003 Embassy Suites - Plaza, Kansas City December 13, 2003 Embassy Suites - Downtown, St Louis



## **State Committee of Psychologists**

PO Box 1335 Jefferson City, MO 65102 Telephone: 573-751-0099 Fax: 573-526-3489

# **Continuing Education Reporting Form**

□ Dece	ember 1, 1999 to November 30, 2001  ember 1, 2001 to November 30, 2003
	ne:
	mber:
Description	of Category A Formal Activities
(Must have a it is equal to	a minimum of 15 continuing education credits per reporting cycle. One (1) continuing education cred o one (1) credit hour consisting of at least fifty (50) minutes of instruction or the equivalent. Supporting tion is required.)
Formal cont Postgraduate Writing or s	speaking
	Category A SubTotal
Description	of Category B - Other programs, seminar or activities
	a maximum of 25 continuing education credits per reporting cycle in this category. One (1) continuon credit is equal to one (1) credit hour consisting of at least fifty (50) minutes of instruction or the
Meetings (m Workshops, Publications Presentation	may claim maximum of 10 continuing education credits) hay claim maximum of 8 continuing education credits) , seminars and courses (may claim maximum of 8 continuing education credits) s (may claim maximum of 8 continuing education credits) has (may claim maximum of 8 continuing education credits) Study (may claim maximum of 4 continuing education credits)
a.rraaar s	Category B SubTotal
	Category A SubTotal from above Category B SubTotal from above Total Hours Claimed - must equal at least forty (40)

If you require further clarification, please contact the State Committee of Psychologists office by e-mail at: scop@mail.state.mo.us or by telephone at 573-751-0099.

# **Continuing Education Workshops**

The 2002 continuing education workshops were once again a great success. There were 322 psychologists who attended the Eric Harris workshops and 243 attended the Camazine workshops.

The 2003 workshops were also very well attended. Dr. Harris presented sequence II on April 4, 2003 in Kansas City, April 10, 2003 in St. Louis and April 11, 2003 in Columbia.

206 attended in Kansas City, 216 attended in St. Louis, and 154 attended in Columbia.













# **Currently Disciplined Psychologists**

Briggs, Robert Scottsdale, AZ PY01164 Effective 1/22/2002 Probation to 1/22/05

Reason: On February 26, 2001 licensee and the Board of Psychologist Examiners for the state of Arizona entered into a Consent Agreement for discipline of the Arizona license. The Order contained language stating two patients of the licensee alleged he touched them sexually, which allegations the licensee denied and continues to deny. According to the Arizona Order, licensee failed to maintain and retain adequate business or professional records regarding the psychological services provided to clients.

Casada, Karen Springfield, MO PY01670 Effective 1/22/03 Revocation

Reason: From 10/27/96 to 7/15/98 licensee billed medicare 3087 times under procedure 90801. Not all of those billings were for onset of illness, such conduct constitutes billing for services not rendered. During the same time frame licensee billed medicare multiple times for 8 patients and billed weekly for 1 of those patients instead of billing for the routine psychotherapy actually provided. During this time frame licensee billed medicare between 163 and 269 undocumented visits, which constitutes billing for services not rendered. On November 14, 2000 licensee pled guilty to health care fraud and mail fraud.

Fenger, T. Nick Ballwin, MO PY00499 Effective 1/28/03 Probation to 7/28/04

Reason: Licensee conducted a psychological evaluation but failed to include a presenting problem, purpose of diagnosis for the evaulation, failed to include in the records the date and description of each contact, the nature, type and goals of any psychological intervention, failed to include the fee arrangement, and failed to include notations and results of consultations with other providers.

Gailey, Raymond Keith

Joplin, MO PY00678 Order dated 11/2/00, effective upon activation of license 6/26/01

Probation to 6/26/2005

Reason: Found guilty of mail fraud in violation of 18 U.S.C. 1341, and imposed a sentence of three (3) years probation on 11/10/98. Licensee was found to be subject to discipline under section 337.035.2(2) for having been convicted of a crime of which fraud and dishonesty are essential elements, and one involving moral turpitude.

Hippe, Douglas Leawood, KS PYR0132 Effective 2/06/2001 Probation to 02/06/2005

Reason: Licensee entered into a social relationship which turned into a sexual relation-

ship with a client.

Lind, Richard Springfield, MO PYR0415 Effective 8/26/98

Suspended to 8/26/99 Probation to 8/26/2004 Reason: Engaged in inappropriate dual relationship.

# **Licenses Issued 5/1/01 thru 1/31/03**

Name	Issue Date	Name	Issue Date
Abernathy, Steven R	5/9/2001	Gottfried, Michael G.S.	9/7/2002
Adkins, Ann Gelene	9/7/2002	Hansen, Nancy	12/8/2001
Amrod, Jai	6/14/2001	Hanson, Richard D	6/14/2001
Ashton, Erikalin Nichole	9/7/2002	Harmon, Jan S	6/14/2001
Baggett, Kathleen M	6/13/2002	Hartfield, Cara R	9/23/2001
Baginsky, Edna M	7/10/2002	Helm, Shelli Lynn	12/8/2001
Barch, Deanna M	9/7/2002	Henninger, Nathan Joseph	9/23/2001
Barnes, Vincen Gene	9/7/2002	Hertel, James B.	9/11/2002
Bayer, Laura A	11/13/2002	Hoffman, Louis R	9/7/2002
Bazile, Anita Michele	8/3/2001	Holmes, Larry Dale	3/8/2002
Biri, Colleen Windsor Radican	12/14/2002	Hood, Catherine Ann	9/7/2002
Bishop, Donald Russell, III	12/11/2001	Hough, David George	10/17/2001
Blair, Michael L	9/7/2002	Kaplanski, Louise K	6/14/2001
Bowers, Sandra G	6/14/2001	Kessinger, Amy E	3/8/2002
Brenner, Laura Lankester	12/14/2002	Kinser, Melissa Strachan	11/13/2002
Bridges, James T	6/1/2002	Klepper, Brandi Loney	9/7/2002
Brooks, Cynthia Merritt	12/14/2002	Kline, Robert M	5/9/2001
Brown, Rhonda M	6/14/2001	Koehler, Gregory	12/14/2002
Bucher, Amy M	11/13/2002	Koontz, Dawn	8/2/2002
Cain, John William	3/8/2002	Kroencke, Dawn Catherine	6/14/2001
Cain, Judith Katherine	6/1/2002	Kwon, Daniel O	3/8/2002
Carlin, Christopher J	6/14/2001	Larson, Peter J	6/1/2002
Cass-Prost, Angela	9/23/2001	Linsin, James R. W.	9/7/2002
Castro, Anthony	12/8/2001	Long, Larry Eugene, Jr	2/13/2002
Cradock, Mary Michaeleen	11/19/2001	Luechtefeld, Debra Ann	12/8/2001
Crawley, Ellen Marie	10/17/2001	Lynch Maestas, Michael V	9/12/2001
Crose, Royda G	1/9/2002	Mallinckrodt, Brent	12/14/2002
Davis, Carl Duane, Jr	12/14/2002	Martin, John E	10/9/2002
Denman, Nancy	6/1/2002	Martin, Thomas A	9/23/2001
DiAntonio, Bronwen	9/7/2002	McFarland, Dawn M	6/14/2001
Dight, Janet Lynn	9/23/2001	McKee, Deborah Rettig	9/7/2002
Dodge, Timothy Dean	6/1/2002	McNew, Sarah A	9/23/2001
Dougherty, Jacinda E	12/8/2001	Meade, Linda Sutton	12/14/2002
Dunkin, Jeanette Maritza	12/14/2002	Merz, Laila Katherine	9/23/2001
DuPree, Albert F	5/17/2001	Moore, Michael Charles	12/14/2002
Eberz, Amy Bowers	9/7/2002	Moreno, Ilina Todorova	9/7/2002
Fantz, Charles Melvin	10/17/2001	Muntz, Eleni S	6/1/2002
Feaster, H Todd	4/10/2002	Nieder, Laura L.	9/7/2002
Fleck, Patti J	9/7/2002	Niemiec, Ryan M	9/17/2002
Foley, Jill M	9/23/2001	O'Connor, Shannon	12/8/2001
Franta, Pamela J	6/1/2002	Orme, Daniel R	6/14/2001
Freeman, Shawn E.	12/14/2002	Oswalt Reitz, Ronda Yvonne	6/1/2002
Gafford, Jennifer S. W.	12/8/2001	Palma, Thomas V.	12/14/2002
Galovski, Tara E.	12/14/2002	Pap, Charles A	6/14/2001
Gillham, Angela Deon	12/14/2002	Perry, Karyn Bentley	12/14/2002
Gingerich, Karen E	6/1/2002	Plummer, Suzanne Rachelle	9/9/2002

# Licenses Issued 5/1/01 thru 1/31/03 (Continued)

Name	Issue Date	Name	Issue Date
Pulleyking, Joseph Allen	8/17/2001	Stearns, Cla	6/14/2001
Quigley, Victoria Ann	12/8/2001	Stewart, Gwin M	5/31/2002
Reitz, Robert M	6/1/2002	Stillwell, Andrea Shea	12/14/2002
Reschke, Anat Hanna	9/23/2001	Sutton, Geoffrey W	6/14/2001
Ring, Marie E. (Melissa)	6/1/2002	Thompson, John Wm	12/14/2002
Roodman, Allison	12/8/2001	Thorne, Yvonne Martinez	12/8/2001
Rosell, Luis	1/8/2003	Vandegeest, Kimberly A.	12/14/2002
Ross, Arthur Reynold, Jr	12/8/2001	Vincent, Candi Joanne	9/7/2002
Russell, Kristin Schudy	9/7/2002	VonBohland, Jennifer	9/23/2001
Salinas, Julian Andrew	12/8/2001	Wallen, Pamela R	6/14/2001
Sanchez, Selina	12/14/2002	Ward, Christopher C	12/14/2002
Schaeffer, Scott B.	12/14/2002	Wehrenberg, Margaret A	8/14/2002
Scharlemann, Sandra Emmons	7/8/2002	Weinstein, Daniel Alan	9/11/2002
Schemmel, Todd Aaron	9/23/2001	Weis, Glenna M.	12/14/2002
Scher, Christine D	8/1/2001	Wells, Jason Roy	9/23/2001
Schwantner Evans, Jennifer Lynn	6/1/2002	Whitehead, Alwyn S, Jr.	6/1/2002
Scott, Winifred J	6/14/2001	Williams, Morgan E	12/14/2002
Sharpnack, Jim Dale	6/1/2002	Wood-Warner, Julie C	3/8/2002
Skolnick, Linda Ilene	9/23/2001	Zayas, Luis H	12/14/2002
Smith, Linda M	9/23/2001	Zeilmann, Deanna Kraus	8/14/2002



## Provisional Licenses Issued 5/1/02 thru 1/31/03

Jennifer S.W. Gafford Samantha M. Delagarza

S. Craig Rooney

Vincen Gene Barnes

Michael Charles Moore

Ilina Todorova Moreno

Colleen Windsor Radican Biri

Bronwen DiAntonio

Laura Lankester Brenner

Victoria A. Quigley

Allison Roodman

Timothy Dean Dodge

Daniel Alan Weinstein

Ann Gelene Adkins

Dawn Koontz

John F Hagy

Carl Duane Davis, Jr.

Brandi Loney Klepper

Frikalin Nichole Ashton

Linda Sutton Meade

Sandra Emmons Scharlemann

Barbara E Walton

Judy Carol Whitt Park

Ryan M Niemiec

Angela Deon Gillham

A. Dudley Ames

Ian Edward Wickramasekera II.

Luanne Aline Turrentine

Morgan E Williams

Randee Jo Feco

Louis R Hoffman

Carolyn A Karr

Jannette Cross

Charla Markt

Mark B Stevens

Thomas V Palma

Suzanne Rachelle Plummer

Melody Darlene Palm

Cynthia Merritt Brooks

Amy Bowers Eberz

Catherine Ann Hood

Brian D Paul

Edward S Landreth

Charles Glenn Doyle

Ann D Branstetter

David C Mayer

Christopher C Ward

Luz Maria Mogrovejo

Mario L Dollschneider

Michelle Lee Pergadia

Michael L Blair, PhD

Todd Michael Sigler

Tara E Galovski

Cathy Bofetta

Christopher P Awad

Terence J Bostic

Kimberly A Weitl

Scott J Symes

Thomas J. Spencer

Judith R Gonzalez

Anna Ross Hertel

Jennette Christine Lybeck-Brown

Tracy E Ochester

Jennifer Verrill Schurman

Ana Avia Sobel

Jeanne M S T Woon

Kristi Collins-Johns

Erin C Shannon-McGowan

Stephanie A Fidler

Katina L Wilbon Shine

Catherine Gwen Frantom

Melanie Marie VanDyke

M Georgann Mabry

Paula M Juelich

Jodi R Glaus

Tiffany L Tibbs

Amber Fain-Leslie

Simin Samie

Shawn A Stoever



<u>ADDRESS CHANGE</u> – All licensees are required to notify the State Committee of Psychologists within 30 days of an address change. The notification can be submitted in writing to the State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102, by fax to (573) 526-3489 or by telephone to (573) 751-0099.

<u>DUPLICATE LICENSE</u> – Licensees can be issued a duplicate renewal license by submitting a completed Application for Duplicate Registration Certificate to State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102 or by fax to (573) 526-3489.

<u>WALL-HANGING LICENSE</u> – Licensees can request a duplicate wall-hanging license by submitting an Application for Duplicate Wall Hanging License to State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102. A \$25.00 fee made payable to the State Committee of Psychologists must accompany the completed form.

<u>HSP CERTIFICATION</u> – Licensees must request an application packet from the State Committee of Psychologists. Completed application with required fee of \$100.00 must be mailed to the State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102.

<u>LICENSURE VERIFICATION TO ANOTHER STATE</u> – Licensees must submit the required verification/certification form from the state in which licensure is being requested along with the required \$25.00 fee to the State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102.

<u>RENEWALS</u> – Renewals are mailed to all current licensees on or around October of each odd numbered year. Renewals are mailed to the most current address on file with the State Committee of Psychologists. The renewal license will be valid for 2 years, February 1 to January 31.



MASTER'S DEGREE TO DOCTORAL DEGREE PSYCHOLOGISTS – Section 337.090 of the Psychology Practice Act states in part . . . . "Any person licensed on the basis of a master's degree who has then earned a doctoral degree may use the title "doctor" or hold himself out in his practice as a psychologist as having a doctoral degree so long as it is from an accredited institution of higher education and so long as the degree is relevant to the practice of psychology."

Licensees who have obtained a doctoral degree after being licensed based upon the master's degree can submit evidence of the doctoral degree to the State Committee of Psychologists and it will be added to the permanent record. Licensees who wish to have their license record upgraded to reflect that they are licensed at the doctoral level must submit evidence of the degree and request in writing a Committee review and upgrade.

Please send your comments/suggestions regarding the Newsletter to the Executive Director, State Committee of Psychologists, P.O. Box 1335, Jefferson City, Missouri 65102 or you can e-mail to pgroose@mail.state.mo.us or to scop@mail.state.mo.us. Your comments/suggestions are welcomed and encouraged.

## **Visit Our Web Page**

Go to ecodev.state.mo.us/pr/psych to view the State Committee of Psychologists' web page. You will find information relating to the following:

Current committee members
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State Committee E-mail - scop@mail.state.mo.us
CPQ - www.asppb.org/CPQ
ASPPB - www.asppb.org
National Register - www.nationalregister.com
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# Practice Test for Psychology Licensing Exam Available on Computer

\* Reprinted from the ASPPB website at www.asppb.org

ASPPB and PES now offer a computer-delivered practice test for the Examination for Professional Practice in Psychology (EPPP), the written licensing exam required by 62 psychology licensing boards in the U.S. and Canada. The 100-item computer-administered exam will offer individuals a chance to practice answering questions and receive immediate feedback on their performance.

To take the practice exam, an individual must be preparing for psychology licensure. The individual must be:

- A student in a doctoral psychology program;
- A student in a master's psychology program in a state or province that grants a license, certification or registration for master's-trained individuals; or
- A psychologist with a degree that qualifies him or her to take the licensing examination (the EPPP).

To show eligibility, an individual must have his or her application signed by a director of training for his/her education program, his/her internship director, or his/her postdoctoral year supervisor. An individual who has been out of school for several years could have a current supervisor authenticate his or her application. Proof of eligibility and registration for the EPPP licensing examination from a state/provincial licensing is also acceptable.

The practice exam is available Monday through Friday at numerous Prometric sites in the U.S. and Canada. The practice exam costs \$100 U.S. Two different 100-item practice exams may be taken back-to-back for \$180 U.S. To apply, candidates may contact PES at 800/207-1962 or print the form available at www.asppb.org/exam/pexam.pdf. Complete the form and forward it with your payment to PES at the address provided. Information on Prometric locations may be found on the web at www.prometric.com, or by calling 800/699-4975.

Practice exam takers will receive a reduced price of \$50 U.S. —a 30% savings —on Items from Previous Examinations, which contains retired questions used in the past on the written licensing exam, along with an answer key and bibliography.



IMPORTANT: The practice examination offered is for study purposes only. No representation is made that performance on the practice exam is a valid indicator of performance on any future licensing exam nor a guarantee of passage of such a licensing exam. An individual's score on the practice exam will not be accepted in lieu of the passage of an actual form of the EPPP. By taking this practice exam, each individual acknowledges that he or she understands these limitations on the use of the exam.

# **Twelve Pitfalls for Psychotherapists**

by O. Brandt Caudill, Jr., Esq. Callahan, McCune & Willis LLP

A question asked of those of us who defend psychotherapists in civil suits and before licensing boards is what are the most common areas where therapists leave themselves vulnerable to attack. The purpose of this article is to identify some of the more common pitfalls that psychotherapists may encounter in hope that they can be avoided in the future.

#### **Excessive or Inappropriate Self Disclosure**

While self disclosure is commonly used as a treatment technique, and surveys of MFCCs and psychologists indicate that over 70 % use self disclosure at least occasionally, "Ethics of Practice: the Beliefs and Behaviors of Psychologists as Therapists" K.S. Pope, B.G. Tabachnick, P. Keith-Spiegel, American Psychologist, Vol. 42 pp. 993-1006 (1987); A National Survey of the Ethical Practices and Attitudes of Marriage and Family Therapists AAMFT Ethics Casebook (1998) p. 175.

Many licensing board cases and civil suits allege inappropriate or excessive self disclosure. There are two keys as to whether or not a particular disclosure is ethical: (1) is it being disclosed for the purposes of the patient or for the purposes of the therapist, and (2) is it the type of communication that should be disclosed to a patient with that type of mental condition. As an example, where a patient has a history of child sexual abuse it may be appropriate and ethical to disclose that the therapist has a similar background to establish a degree of empathy. On the other hand, if the patient has no such history and the therapist is disclosing the information because of the therapist's own problems, it would be inappropriate. The question should always be "how does the disclosure aid in the patient's therapy."

Some disclosures about the therapist's background, family, or sexual identity may be inappropriate given a particular patient's personality and problems. In addition, therapists must be conscious that excessive self disclosure can fuel a patient's perception that he or she is special to the therapist, or that there is a potential for a relationship outside the therapeutic one. The problem becomes more acute when the patient is inquiring as to the therapist's personal life and/or the therapists relationships with his or her family and/or lovers. At that point the therapist should be inquiring as to what purpose this information would serve for the patient to know.

#### **Business Relationships with Patients**

There are numerous reported instances where therapists have entered into relationships of a business nature with present or former patients. There are very few reports of successful outcomes of such relationships. In fact, almost every time such a relationship is reported it is reported in the context of a lawsuit being filed or an administrative action being taken because of the business relationship. Regardless of how lucrative a potential business opportunity seems to be, a therapist must weigh whether that opportunity is worth the potential destruction of his or her career. The heart of the problem lies in the inherent unequal bargaining power between the parties once the therapeutic relationship has been established. It is almost impossible to establish that an arms length transaction occurred, no matter what legal language is used or what consents are signed. Entering into a business relationship with a present or former patient will be viewed with suspicion by most licensing boards, and the burden will be on the therapist to establish that there was not some form of overreaching. Obviously if the business does not do well, the burden to prove that there was no exploitation is even greater.

Unlike self disclosure, which is a common occurrence, the rule for entering into a business relationship with a present or former patient should be "almost never." Only after obtaining an independent consultation with an ethics expert, preferably one that is well versed in dual relationship theories, should any such relationship even be considered.

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## **Twelve Pitfalls for Psychotherapists (Continued)**

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Some experts will take the position that where the therapist has a business of selling vitamins, food supplements, educational tapes or books, that the attempt to market these directly to people who are also in psychotherapy constitutes an unprofessional secondary business relationship.

### **Using Techniques Without Proper Training**

A recurrent issue over the last ten to fifteen years has been the use by therapists of treatment techniques which they are not well trained in. An example of this is in a case from New Hampshire, Hungerford v. Jones 722 A. 2d 478 (1998), where one of the allegations was that a social worker, who had limited experience in treating patients with repressed memories, led a patient to believe that she had been sexually abused by her father, when she had not. A key point in the decision of the Supreme Court in New Hampshire allowing the father to sue his daughter's therapist was that the therapist's only training in the area of repressed memories was one lecture on memory retrieval techniques that she attended at a weekend symposium. The therapist should not use any techniques without being thoroughly trained and experience in them. It is probably below the standard of care per se to use a technique after only being trained in it one time. It is not uncommon with some treatment approaches such as EMDR

or Bioenergetics for therapists to attempt to begin using the techniques before completing the entire training. As a practical matter, initiating the use of the technique without completing the training can lead to potential liability and/or licensing board actions.

#### Using Incorrect Diagnosis Deliberately

Over the last several years as managed care has become more a part of a practicing psychotherapist's life, there has also been a rise in allegations that therapists are deliberately reporting diagnosis to insurance companies that are not accurate to trigger coverage where it should not exist. For example, it is not uncommon to have an allegation that a therapist failed to disclose an Axis II diagnosis because of an awareness that a particular insurance carrier in question would not cover any such condition. The general rule is that the diagnosis for treatment and diagnosis for insurance should be the same. The law does not recognize or permit the therapist to have one diagnosis for treatment purposes and one diagnosis for billing or insurance purposes. In fact, the existence of two such diagnosis offers an opposing attorney a great opportunity to impugn the therapist's credibility. A patient should only be diagnosed with the accurate diagnosis. A typical scenario is for a therapist to report a less severe diagnosis, such as adjustment disorder, rather than a dissociative disorder, or if the patient has a borderline personality disorder. When some dispute arises and the therapist wants to assert that the patient has the more severe diagnosis, that was not actually used in reports to insurance companies, the patient's attorney or the attorney for the licensing board will probably contend that the more severe diagnosis was made up after the dispute arose, because no preexisting record can be found.

#### **Avoiding the Medical Model**

Faced with the complexities of informed consent, standard of care, note taking, etc., some therapists have tried to opt out of these requirements by simply taking the position that they do not believe in, or endorse the medical model, and therefore they should not be held to it. This has the same effectiveness as reporting to the Internal Revenue service that you do not believe that the tax laws are valid, and that you should not have to comply with them. While this may lead to making the acquaintance of interesting criminal defense and bankruptcy lawyers, it will not cause any change in the IRS's view of the applicability of the tax laws. By the same token, for a psychotherapist to assert that he or she should not be subject to the medical model will be ineffective. The medical model will generally be imposed with or without your agreement.

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# **Twelve Pitfalls for Psychotherapists (Continued)**

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#### The True Love Exception for Sexual Relationships

Over the years some therapists have sought to invoke the "true love" exception to actions for damages or by licensing boards arising from sexual relationships with present or former patients. There is no true love exception, there never has been a true love exception, and, in all probability, there never will be a true love exception. Sexual relationships with existing or former patients are unethical under most associations' ethical principles, illegal in some states (such as California), and have career killing consequences. It is almost axiomatic that what is seen as true love at the time the relationship begins is seen as mishandling of transference after the relationship ends. An example of this attitude is a survey of psychiatrists from 1987. The study involved over 1,300 psychiatrists, and approximately 29.6% thought that post termination sexual relationships could be appropriate. Approximately 17.4% thought the American Psychiatric Association 's position permitted such post termination contact. The issue of whether the relationship was due to "true love" was a factor for some of the respondents. Under no circumstances should and therapist seriously consider a sexual relationship with a present or former patient regardless of how long the interval has been between the termination of the patient and the beginning of the relationship.

Generally a therapist who is choosing to engage in such a relationship with a patient is effectively choosing to discard his or her career.

#### **Inadequate Notes**

A continuing issue has been the failure of therapists to take accurate notes and, in some cases, any notes at all. While some experts may still say that there is a wide variance in the practice of therapists over keeping notes, the practical fact is that notes are essential for survival in this litigious age. Notes should not only be accurate, but should be meaningful in terms of content. The notes should indicate what was said by the patient, as precisely as possible, and what the therapist did or said about the patient's communication. It is not necessary that the notes be written in plain English, but the notes should be an accurate picture of what was discussed. A therapist should never agree to not take notes at a patient's request. In fact, such a request from a patient should cause the therapist to seriously questions whether the patient has a secondary agenda.

#### Failure to Obtain an Adequate History

A related issue to failure to take notes is the failure to obtain an adequate history. It is a common practice for licensing boards and civil plaintiffs to focus on the patient's history, to have the context of making an accurate diagnosis. The assertion that a therapist failed to obtain an adequate history is a common one, and in some instances is justified. As a general matter a history should include what the presenting symptoms are, what prior therapy the patient has been engaged in, what the history of mental illness is in the patients family of origin, whether the patient has been involved in litigation, what physical conditions the patient has that might contribute to the presenting symptoms, patient's educational history, patient's marital status, what medications if any the patient is taking, how long the presenting symptoms have lasted, whether the patient has had any recent physical examination, and/or medical evaluation.

#### **Uncritically Accepting What a Patient Says**

An expert in civil litigation and for licensing boards, Dr. Jeffrey Younggren, has commented that therapists, in addition to being required to comply with the standard of care, must utilize common sense in weighing what patients tell them. The various cases that have dealt with repressed memory issues have articulated what amounts to a duty to utilize common sense or critical judgment, or a duty to be skeptical of a patient's implausible memories. To uncritically accept implausible memories of sexual abuse has been found to be below the standard of care by the California Board of Psychology.

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## **Twelve Pitfalls for Psychotherapists (Continued)**

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## **Use of Inappropriate Syndrome Testimony**

As early as September of 1989 Dr. Gary Melton and Susan Limber in an article entitled "Psychologists' Involvement in Cases of Child Maltreatment" American Psychologist Vol. 44, No. 9, pp. 1225-1233 commented on the inappropriate use by therapists of syndromes that are not found in the various versions of Diagnosis and Statistical Manual. There have been a proliferation of such syndromes over the last several years. At this point using syndromes which are not appropriately researched or acknowledged by the profession is below the standard of care.. Among the syndromes which are controversial and which should not be represented as accepted in the therapist community are Child Sexual Abuse Accommodation Syndrome, Parental Alienation Syndrome, Wiederholt v. Fischer 169 WIS 2d 524, 45 N.W. 2d 442 (1992), False Memory Syndrome, and Malicious Mother Syndrome.

#### Out of the Office Contact

As a general rule, unless there is a specific therapeutic purpose for it, patients should only be seen in the therapist's office. While it can be appropriate to see a patient in a setting outside the office for a therapeutic reason, such instances should be extremely rare and should be well documented in the file. If an out of the office contact is going to occur the therapist should document in advance what the purpose is and what is hoped to be achieved. Once the out of the office contact has occurred the therapist should document what actually took place, and how the perceived goals were met or not met. It would be sound practice to obtain a peer consultation prior to an out of the office session (other than phone contact).

#### Failure to Obtain Peer Consultation

One of the most common failings of many psychotherapists is not having a regular peer consultant or consultation group from which to obtain feedback. The progressive isolation of therapists due to economic factors has created the potential for the erosion of clinical judgment. Peer consultation can be the quickest way to avoid a pitfall. Of course, if a therapist obtains a peer consultation and acts in the diametric opposite fashion of what the consultant recommends, there can be potential serious consequences. Whenever consultations are obtained they should, of course, be well documented.

One of the areas that is frequently looked at by experts reviewing cases to determine whether a therapist complied with the standard of care, is whether peer consultations were pursued and complied with.

While this list of potential pitfalls is not intended to be comprehensive, it is intended to reflect what some common problems are that arise in our litigious times. Hopefully by having these problems outlined therapists may be able to recognize and avoid the problems.

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NOTE: Other full-text articles (10 from American Psychologist, others from such journals as Journal of Consulting & Clinical Psychology; Professional Psychology: Research & Practice; Clinical Psychology: Science & Practice; Psychology, Public Policy, & Law) are presented online, along with other free resources, at: http://kspope.com

Missouri Division of Professional Registration State Committee of Psychologists PO Box 1335 Jefferson City MO 65102

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